MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05444

5441

CERTIFICATE OF DEATH

Reg. Dist. No. 24

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Rural - Sykesville
LENGTH OF STAY (in this place) Since 5/11/49
HOSPITAL OR INSTITUTION OR STREET ADDRESS 15 Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland, Maryland 0102.2
STREET ADDRESS (If rural give location) 232 W. Oldtown Road ✓

3. NAME OF DECEASED: (Type or Print) (First) Samuel (Middle) Blythe (Last) AFRICA

4. DATE OF DEATH: (Month) June (Day) 25 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: November 15, 1903

9. AGE last birthday: 51 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY: ---- None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel B. Africa

14. MOTHER'S MAIDEN NAME: Celeste Campbell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Mrs. Virginia Africa, wife, Cumberland, Maryland.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

491X

IMMEDIATE CAUSE (A) DUE TO Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Huntington's chorea — more than 6 yrs

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Psychosis with organic brain disease (Huntington's Chorea) more than 6 yrs

19A. DATE OF OPERATION: ---- 2

19B. MAJOR FINDINGS OF OPERATION ----

20. AUTOPSY? YES X NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY ----

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) ----

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY ---- M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐ ----

21F. HOW DID INJURY OCCUR? ----

22. I hereby certify that I attended the deceased from Spt. 13, 1949, to June 26, 1955, that I last saw the deceased alive on June 25, 1955, and that death occurred at 11:05 PM, from the causes and on the date stated above.

SIGNATURE Martin Gross, M.D. — ADDRESS Martin Gross M.D. Sykesville, Md. — DATE SIGNED June 26, 1955

23. BURIAL, CREMATION, REMOVAL, (SPECIFY) Burial — DATE THEREOF 6-29-55 — NAME OF CEMETERY OR CREMATORY Springfield — LOCATION (City, town, or county) (State) Sykesville, Md.

DATE REC'D BY LOCAL REGISTRAR June 22, 1955 — REGISTRAR'S SIGNATURE C. Harry Weaver — 24. FUNERAL DIRECTOR & ADDRESS Hutton N. Haight - Sykesville, Md.

RECEIVED
JUN 30 1955
BUREAU V. S.

5442

05445
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH: Springfield State Hospital
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Sykesville
LENGTH OF STAY (in this place): 28 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital Sykesville, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: Route #3 Sykesville
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Sykesville X
STREET ADDRESS Route #3 (If rural, give location) 1

3. NAME OF DECEASED: (Type or Print) (First) FRANCES (Middle) ELIZABETH (Last) ARNOLD

4. DATE OF DEATH (Month) June (Day) 21 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Widow	July 14 1858	96 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Maryland	U.S.A.

13. FATHER'S NAME: Sebastus Bowers
14. MOTHER'S MAIDEN NAME: Susy Frizzell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No —	Unk.	Mrs. Hersche Miller Route #3 Sykesville Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
450.0 Immediate cause	(a) Broncho Pneumonia	several days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Generalized Arteriosclerosis	Years
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDING OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James J. Thorsen M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 6/21/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR ~~CREMATORY~~	LOCATION (City, town, or county) (State)
Burial	June 25, 1955	Mt. Pleasant Cem.	Gamber Carroll, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 23, 1955	C. Harry Weaver	John R. Byers	Westminster, Md.

RECEIVED
JUN 29 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05446

5443

CERTIFICATE OF DEATH

Reg. Dist. No. 82-83

1. PLACE OF DEATH:
COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodbine
MARYLAND
LENGTH OF STAY (in this place) 45 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodbine
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) WILLIAM (Middle) L. (Last) BAILE

4. DATE OF DEATH: (Month) JUNE (Day) 16, (Year) 1955

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 9-30-1879

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Farmer retired

10b. KIND OF BUSINESS OR INDUSTRY: own

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Fletcher Baile

14. MOTHER'S MAIDEN NAME: Sarah Ellen ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 220-01-6135

17. INFORMANT & ADDRESS: Mrs. Laura Baile, Woodbine, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute coronary thrombosis — Interval Between Onset And Death: few minutes

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Generalized arteriosclerosis

DUE TO

(c)

420.1

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. overweight

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I never attended the deceased ~~from ,19 , to ,19~~ suddenly, that I last saw the deceased alive on May 13, 1955, and that death occurred at 3.10 AM on May 16, 1955, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Bertram M. Yaw M.D. Central Avenue, SYKESVILLE md 6-16-55

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

DATE THEREOF 6-19-1955

NAME OF CEMETERY ~~OR CREMATORY~~ Morgan Chapel

LOCATION (City, town, or county) (State) Carroll Co., Maryland

DATE REC'D BY LOCAL REGISTRAR June 18 1955

REGISTRAR'S SIGNATURE Robert R. Hewitt

24. FUNERAL DIRECTOR ADDRESS C. M. Waltz, Winfield, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 21 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05447

5436

CERTIFICATE OF DEATH

Reg. Dist. No. 26

1. PLACE OF DEATH:
COUNTY Carroll Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
LENGTH OF STAY (in this place) 35 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 66 Madison St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Carroll.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural, give location) 66 Madison St.

3. NAME OF DECEASED: (Type or Print) (First) NETTIE (Middle) VIRGINIA (Last) BARBER

4. DATE OF DEATH: (Month) June (Day) 28 (Year) 1955

5. SEX: F.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 7 1886

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Hampstead Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles B. Rhoten

14. MOTHER'S MAIDEN NAME: Martha Houck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Mrs Hendel S. Krebs, Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Myocardial infarction — Interval Between Onset and Death: 24 hrs.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Arteriosclerotic C-V disease — years.

DUE TO

(c)

(420.1) (260X)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death: Diabetes Mellitus (Mild) — years.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 25, 1955, to June 28, 1955, that I last saw the deceased alive on June 27, 1955, and that death occurred at 6 30 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) James J. Myers M.D. ADDRESS Westminster Md DATE SIGNED 6/28/55

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF June 30/55 — NAME OF CEMETERY OR CREMATORY Westminster Cemetery — LOCATION (City, town, or county) Westminster, Md. (State)

DATE REC'D BY LOCAL REG. 6-29-55 — REGISTRAR'S SIGNATURE Harriet Miller

24. FUNERAL DIRECTOR J. S. Myers Jr. ADDRESS Westminster Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
JUL 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05448

CERTIFICATE OF DEATH

5444 Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Carroll MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville; LENGTH OF STAY (in this place) 40 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) VIRGINIA (Middle) R (Last) BENEDICT

4. DATE OF DEATH: (Month) June (Day) 6 (Year) 19 55

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Oct 22-1872

9. AGE Last birthday: 82 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Wachsmuth

14. MOTHER'S MAIDEN NAME: Elizabeth Hesson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) N (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: NO

17. INFORMANT & ADDRESS: Mrs Irma Ruby, Hampstead Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arterio Sclerotic Cardio Vascular Renal — Interval Between Onset And Death: 4 yrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

422.1

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1955, to June 6, 1955, that I last saw the deceased alive on June 4, 1955, and that death occurred at 10 p.m., from the causes and on the date stated above.

SIGNATURE W.C. Carbaugh (Degree or title) M.D ADDRESS Hampstead, Md DATE SIGNED 6-7-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF June 9/1955 NAME OF CEMETERY OR CREMATORY Burnts LOCATION (City, town, or county) Carroll Co (State) Md

DATE RECD BY LOCAL REGISTRAR 6/7/55 REGISTRAR'S SIGNATURE Henry J. Ellis

24. FUNERAL DIRECTOR Edw C Tipton ADDRESS Hampstead Md

RECEIVED
JUN 20 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05449

5445

CERTIFICATE OF DEATH

Reg. Dist. No. 70

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Taneytown
LENGTH OF STAY (in this place) 52 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Taneytown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) Ulysses (Middle) H. (Last) Bowers

4. DATE OF DEATH: (Month) June (Day) 27 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 11/3/1872

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Mechanic

10B. KIND OF BUSINESS OR INDUSTRY: Garage

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Benjamin Bowers

14. MOTHER'S MAIDEN NAME: Eleanor Hyser

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 213-01-3192

17. INFORMANT & ADDRESS: Mrs. U.H.Bowers, Taneytown, Md,

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 30 hrs.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Arteriosclerosis + Hypertension — 15 yrs.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Chronic Myocarditis + Myocardial Degeneration — 20 yrs

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1939, to June 27, 1955, that I last saw the deceased alive on June 26, 1955, and that death occurred at 1:35 A.M. E.S.T., from the causes and on the date stated above.

SIGNATURE M. D. R. S. McVaugh ADDRESS Taneytown, Md. DATE SIGNED 6/28/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 6/30/55 — NAME OF CEMETERY OR CREMATORY Lutheran Cemetery — LOCATION (City, town, or county) (State) Taneytown, Maryland

DATE REC'D BY LOCAL REGISTRAR June 28, 1955 — REGISTRAR'S SIGNATURE Ethel M Mehring

24. FUNERAL DIRECTOR ADDRESS C.O.Fuss & Son, Taneytown, Maryland

RECEIVED
JUL 5 1955
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05450

5446 CERTIFICATE OF DEATH Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) X Henryton
LENGTH OF STAY (in this place) 166 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 03 Henryton State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arun.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Eastport 0210 2
STREET ADDRESS (If rural give location) 400 Chester Avenue ✓

3. NAME OF DECEASED: (Type or Print) (First) Daniel (Middle) Douglas (Last) Bowley
4. DATE OF DEATH: (Month) 6 (Day) 25 (Year) 19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Negro	Separated	2-5-1900	55 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Seafood
11. BIRTHPLACE (State or foreign country): Cambridge, Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Martin Bowley
14. MOTHER'S MAIDEN NAME: Rachel Keene

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) 3
16. SOCIAL SECURITY No.: 216-07-3254
17. INFORMANT & ADDRESS: Daniel D. Bowley, 400 Chester Avenue

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

002X
Immediate cause (a) Coronary Occlusion
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Far advanced bilateral pulmonary tuberculosis
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-10-, 19 55, to 6-25-, 19 55 that I last saw the deceased alive on 6-25-, 19 55, and that death occurred at 8:25 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. T. Dodd M.D ADDRESS Henryton, Maryland DATE SIGNED 6-25-55

23. BURIAL, CREMATION, REMOVAL (Specify) Buriel
DATE THEREOF June 25/55
NAME OF CEMETERY OR CREMATORY Brewer Hill
LOCATION (City, town, or county) Annapolis (State) Md

DATE REC'D BY LOCAL REGISTRAR 6-25-55
REGISTRAR'S SIGNATURE Albert R. Swankhaus
24. FUNERAL DIRECTOR J. B. Johnson ADDRESS Annapolis

VS. A15

RECEIVED
JUN 28 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05451

5447

CERTIFICATE OF DEATH

Reg. Dist. No. 74

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

1. PLACE OF DEATH: COUNTY Carroll MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Taneytown; LENGTH OF STAY (in this place) 3 yr. 3 mo.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Frederick 06; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fairfield; STREET ADDRESS (If rural give location) No better address

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Ella (Last) Bready

4. DATE OF DEATH: (Month) June (Day) 19 (Year) 1955

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single | 8. DATE OF BIRTH: Aug 15-69 | 9. AGE last birthday 85 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher School | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Jefferson Co Va | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Benjamin F Bready | 14. MOTHER'S MAIDEN NAME: Harriet A Pitzer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) — | 16. SOCIAL SECURITY NO. Unk. | 17. INFORMANT'S ADDRESS: Mrs Stanley Reseicker

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 X IMMEDIATE CAUSE (A) Cirrhal Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 2 da

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Gen-Arterio Sclerosis — 15 yrs

DUE TO (C) Hypertension — 8

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0 | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 2 1952 to June 19, 1955, that I last saw the deceased alive on June 9, 1955, and that death occurred at 4:55 M. from the causes and on the date stated above.

SIGNATURE M N Mastin M. D. ADDRESS Taneytown DATE SIGNED June 19 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 6-22-55 | NAME OF CEMETERY OR CREMATORY Rosedale Cemetery | LOCATION (City, town, or county) Martinsburg W Va (State)

DATE REC'D BY LOCAL REGISTRAR June 20, 1955 | REGISTRAR'S SIGNATURE C. Harry Weer | 24. FUNERAL DIRECTOR E. C. Gartner ADDRESS Gettysburg Pa.

RECEIVED
JUN 21 1955
BUREAU V. S.

5448

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05452 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (in this place) 2 mo +
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore 03 x 2
STREET ADDRESS (If rural, give location) not known Wilkens Rd. 1

3. NAME OF DECEASED: (First) George (Middle) Roland (Last) Brodbeck
4. DATE OF DEATH (Month) 6 (Day) 5 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	divorced	? - 1904	51 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): poor poker
10b. KIND OF BUSINESS OR INDUSTRY: Unk -
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Unk —
14. MOTHER'S MAIDEN NAME: Unk —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: Unk -
17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) subdural hemorrhage	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO fracture of skull	2 days
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. C.B.S. due to alcoholism — years

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐
2		

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY unknown	21c. (City or town) Baltimore (County) 03 (State)
21d. TIME OF INJURY (Month) 6 (Day) 3 (Year) 1955 (Hour) 2 M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐ 1	21f. HOW DID INJURY OCCUR? unknown

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James J. Marah
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
M. D. ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 6/5/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/8/55	Memorial Park	Frostburg Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 6, 1955	C. Harry Ward	Jos. C. Hoffman	Frostburg Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

RECEIVED
JUN 10 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05453

5449 CERTIFICATE OF DEATH Reg. Dist. No. 26

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Finksburg
LENGTH OF STAY (in this place) 3 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Grimes Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sandyville
STREET ADDRESS (If rural give location) R. 1 Finksburg

3. NAME OF DECEASED: (Type or Print) (First) Claude (Middle) Garrettson (Last) Buckingham
4. DATE OF DEATH: (Month) June (Day) 16 (Year) 1955
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Feb. 23, 1877
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Inspector
10b. KIND OF BUSINESS OR INDUSTRY: Burglar Alarm
11. BIRTHPLACE (State or foreign country): Finksburg, Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Edwin Nelson Buckingham
14. MOTHER'S MAIDEN NAME: Fanny Garrettson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) ------
16. SOCIAL SECURITY No.: 215-05-0980
17. INFORMANT & ADDRESS: Mrs. Myrle Buckingham Finksburg, R.1

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
Immediate cause (a) Carcinoma of sigmoid
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) (Operation 1-55 + biopsy)
DUE TO (c) —
Interval Between Onset And Death: about 10-54

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: 1-55
19b. MAJOR FINDINGS OF OPERATION: ca of sigmoid
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-15-54, to 6-16-55, that I last saw the deceased alive on 6-13, 1955, and that death occurred at 9 15 A.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) J. Billingslea, M.D. ADDRESS Westminster, Md. DATE SIGNED 6-14-55

23. BURIAL, CREMATION, REMOVAL: (Specify) Burial
DATE THEREOF June 19, 1955
NAME OF CEMETERY OR CREMATORY Sandymount Cemetery
LOCATION (City, town, or county) (State) Sandyville, Carroll. Md.
DATE REC'D BY LOCAL REGISTRAR 6-17-55
REGISTRAR'S SIGNATURE Hamet Mills
24. FUNERAL DIRECTOR John R. Byers ADDRESS Westminster, Md.

RECEIVED
JUN 20 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05454

5450

CERTIFICATE OF DEATH

Reg. Dist. No. 26

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster — LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS R. D. 1

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto. 03X-2
STREET ADDRESS (If rural, give location) 2909 Penna. Ave. Belmont Balto. 27, Md.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
CLARENCE	EZRA	BYERS	June	7	19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
M	W	Single	March 13, 1913	42 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Labour Gen.		Md.	U. S. A.

13. FATHER'S NAME: George E. Byers
14. MOTHER'S MAIDEN NAME: Lelia Speilman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	212-24-7084	Walter P. Byers R. D. 1 Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
420.1
Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 15 min.
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
0		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from ~~June 7~~ 19..., to ..., 19..., that I last saw the deceased alive on ~~June 7~~, 19..., and that death occurred at 9 P. M., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
James I. March	Deputy Medical Examiner	Westminster Md	6/7/55

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	June 11, 1955	Prudence Cemetery	Westminster	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-9-55	Harvey Miller	H. Bankard & Son	Westminster, Md.

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 13 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05455

5451

CERTIFICATE OF DEATH

Reg. Dist. No. 24

Items 2,12 FilmG182 6-13-55 et

1. PLACE OF DEATH:
COUNTY Carroll
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) X Sykesville
LENGTH OF STAY (in this place) 18y.7mo.12d.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore City Zone 24 3401.4
STREET ADDRESS (If rural give location) (City Hospital) 100 S. Jenney St.

3. NAME OF DECEASED: (Type or Print) (First) SANTA (Middle) (Last) CATALFAMO

4. DATE OF DEATH: (Month) June (Day) 1 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 10-28-86

9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Italy

12. CITIZEN OF WHAT COUNTRY? Italy

13. FATHER'S NAME: Dominic Triolo

14. MOTHER'S MAIDEN NAME: Mary ? Mufale

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

420.0
Immediate cause (a) Coronary occlusion — 2 hours+

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Arteriosclerotic heart disease — Years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Involutional psychosis, agitated depression. — Years

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-1, 1955, to 6-1, 1955, that I last saw the deceased alive on 6-1-, 1955, and that death occurred at 3:55 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Walther H. Sonnenschein M.D.
ADDRESS Springfield State Hosp.
DATE SIGNED 6-1-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF June 4 1955
NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem.
LOCATION (City, town, or county) (State) 4430 Belair Rd. Balt. Md.

DATE REC'D BY LOCAL REGISTRAR 6-2-55
REGISTRAR'S SIGNATURE A W Hedrick
24. FUNERAL DIRECTOR Frank Della Rocca ADDRESS 3225 High St

VS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05456

5452

CERTIFICATE OF DEATH

Reg. Dist. No. 74

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville
LENGTH OF STAY (in this place) 1month10days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City (15) 3V01.4
STREET ADDRESS (If rural give location) 4613 Park Heights Ave.

3. NAME OF DECEASED: (Type or Print) (First) LOUIS (Middle) (Last) CHESLER

4. DATE OF DEATH: (Month) June (Day) 13 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 7-5-83
9. AGE last birthday 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10B. KIND OF BUSINESS OR INDUSTRY: Unk -
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Hyman Chesler
14. MOTHER'S MAIDEN NAME: Bessie — ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk - (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO. Unk -
17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0

IMMEDIATE CAUSE (A) Arteriosclerotic Heart Disease — Years

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Arteriosclerosis, general — Years

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. CBS with cerebral arteriosclerosis — 2 months

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-7, 1955, to 6-13, 1955, that I last saw the deceased alive on 6-13, 1955, and that death occurred at 6:15 PM, from the causes and on the date stated above.

SIGNATURE Walther H. Sonnenfeldt
ADDRESS M. D. Springfield State Hosp.
DATE SIGNED 6-14-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 6-15-55
NAME OF CEMETERY OR CREMATORY Hebrew Friendship
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR June 14, 1955
REGISTRAR'S SIGNATURE C. Harry Eden
24. FUNERAL DIRECTOR Jack Lewis, Inc.
ADDRESS 2100 Eutaw Place Balto.

RECEIVED
JUN 16 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05457

5453

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:

COUNTY: Carroll — MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) OR TOWN: X Henryton

LENGTH OF STAY (in this place): 198 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 03 Henryton State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Dorchester

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge 0913-2

STREET ADDRESS (If rural give location): 236 High Street ✓

3. NAME OF DECEASED: (Type or Print) (First) Susan (Middle) (Last) Cornish

4. DATE OF DEATH: (Month) 6 (Day) 29 (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 1863

9. AGE Last birthday: 92 yrs.

IF UNDER 1 YEAR: Months | Days — IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Meekins Neck, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Jane Kiah

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mary McNamara - 236 High Street, Cambridge

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

002X

Immediate cause (a) Far adv. bilateral pulmonary tuberculosis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arterio Sclerosis (Senalis)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-13-, 19 54, to 6-29-, 19 55, that I last saw the deceased alive on 6-29-, 19 55, and that death occurred at 2:45 p.m., from the causes and on the date stated above.

SIGNATURE: T.F. Stat M.D (Degree or title)

ADDRESS: Henryton, Maryland

DATE SIGNED: 6-29-55

23. BURIAL, CREMATION, REMOVAL (Specify): Removal-Burial

DATE THEREOF: 7/2/1955

NAME OF CEMETERY OR CREMATORY: Meekins Neck

LOCATION (City, town, or county) (State): Dorchester Co. Md

DATE REC'D BY LOCAL REGISTRAR: 6-29-55

REGISTRAR'S SIGNATURE: Albert R. Swanbaum

24. FUNERAL DIRECTOR ADDRESS: Herbert M. Clark Jr. Cambridge Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 1 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05458

5454

CERTIFICATE OF DEATH

Reg. Dist. No. 7 6

Item 9 FilmG183 6/27/55 b

1. PLACE OF DEATH: COUNTY Carroll Co. MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Rural + Westminster
LENGTH OF STAY (in this place) 63yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Uniontown Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Westminster
STREET ADDRESS (If rural give location) Uniontown Road

3. NAME OF DECEASED: (First) LEO (Middle) NORBERT (Last) DALEY
4. DATE OF DEATH: (Month) June (Day) 15 (Year) 1955
5. SEX: M.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Jul. 17. 1891
9. AGE last birthday: 63 64 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Florist
10b. KIND OF BUSINESS OR INDUSTRY: grower
11. BIRTHPLACE (State or foreign country): Westminster Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John W. Daley
14. MOTHER'S MAIDEN NAME: Florence Yingling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): no
16. SOCIAL SECURITY No.: 213-05-7567
17. INFORMANT & ADDRESS: Mrs L. N. Daley, Westminster Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.1 Immediate cause	(a) Coronary Occlusion	few minutes
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Vascular disease + hypertension	2 years
	(c) DUE TO	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	none	
19a. DATE OF OPERATION: 0	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.: no
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1st 1953, to June 15th, 1955, that I last saw the deceased alive on June 13th, 1955, and that death occurred at 5:15 p.m., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
C. F. Billingslea, M.D. Westminster, Md. 6-15-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 6/18/55
NAME OF CEMETERY OR CREMATORY: St. Johns Cemetery
LOCATION (City, town, or county) (State): Westminster Md.
DATE REC'D BY LOCAL REGISTRAR: 6-20-55
REGISTRAR'S SIGNATURE: Hannah Miller
24. FUNERAL DIRECTOR: J. S. Myers Jr. ADDRESS: Westminster, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15

RECEIVED
JUN 17 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5437 **CERTIFICATE OF DEATH**

05459
Reg. Dist. No. 56

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Carroll — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 27 Westminster — LENGTH OF STAY (in this place) 12 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 220 E. Main

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster 27
STREET ADDRESS (If rural give location) 220 E. Main 1

3. NAME OF DECEASED: (Type or Print) (First) SUSAN (Middle) BIRDIE (Last) DORSET

4. DATE OF DEATH: (Month) June (Day) 18 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
F	W	Widow	May 11, 1867	88 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Iowa	U.S.A.

13. FATHER'S NAME: James Henry Somerville

14. MOTHER'S MAIDEN NAME: Mary Kuhns

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT & ADDRESS
Yes	None	Ira E. Dorsey Jr. 220 E. Main Westminster, Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
442X Immediate cause	(a) Broncho Pneumonia	30 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Bronchitis acute	2 days
	DUE TO (c) Cardio Renal Vascular	3 yrs
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 6-13, 1955, to 6-18, 1955, that I last saw the deceased alive on 6-15-, 1955, and that death occurred at 6-18-55 from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Chas R Fouty	MD	Westminster	6-20-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	June 21, 1955	St. Johns Cemetery	Ellicott City	Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-20-55	Harriet Miller	J. H. Bankard & Son	Westminster, Md.

RECEIVED
JUN 22 1955
BUREAU V. S.

05460

MARYLAND 5455

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 26

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Carroll — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Rural, Westminster
LENGTH OF STAY (in this place): 60 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Westminster, Md. R. D. 1

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural, Westminster X 1
STREET ADDRESS (If rural, give location): Westminster, Md. R. D. 1

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Bernard (Last) Ecker

4. DATE OF DEATH: (Month) 6/27/55 (Day) (Year) 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 12/3/1874

9. AGE last birthday: 80 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Hand

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Frederick Co., Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Gena Ecker

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 217-28-6107

17. INFORMANT AND ADDRESS: ~~Mrs Esta Sterner~~ Mrs. Esta Sterner Westminster, Md. R-1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
Immediate cause (a) Coronary Thrombosis — ½ hr

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Coronary Sclerosis & Chronic Myocarditis — 5 yrs
(c) Hypertension — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 19 55, to June 27, 19 55, that I last saw the deceased ~~alive~~ dead on June 27, 19 55, and that death occurred at 3:45 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): William Ecker M.D. ADDRESS: Westminster Md. DATE SIGNED: June 28/55

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 6/30/55 — NAME OF CEMETERY OR CREMATORY: St. Marys Cemetery — LOCATION (City, town or county) (State): Silver Run, Carroll Co., Md.

DATE REC'D BY LOCAL REG.: 6-28-55 — REGISTRAR'S SIGNATURE: Harriet Miller

24. FUNERAL DIRECTOR: J. M. Little & Son — ADDRESS: Littlestown, Pa.

Per R. A. Little - Partner.

RECEIVED
JUN 29 1955
BUREAU V

5456

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

05461

Reg. Dist. No. 75

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lineboro — LENGTH OF STAY (In this place) 1 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lineboro
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) HENRY (Last) EHRHART

4. DATE OF DEATH: (Month) June (Day) 9 (Year) 19 55

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept 5, 1907

9. AGE last birthday: 47 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer Gen'l Work

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Not Known

14. MOTHER'S MAIDEN NAME: Nellie Ehrhart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 220-26-0621

17. INFORMANT AND ADDRESS: Mrs. Chas. H. Ehrhart, Lineboro Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Gunshot wound of head	Minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

9764

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Farm — (CITY OR TOWN) Lineboro — (COUNTY) Carroll — (STATE) Md

TIME OF INJURY (Month) 6 (Day) 9 (Year) 1955 (Hour) 7 (½) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY occur? Gunshot Shot

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

James T. Marsh — Deputy Medical Examiner — Westminster Md. — 6/9/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 6/12/55 — NAME OF CEMETERY OR CREMATORY Lazarus — LOCATION (City, town, or county) (State) Lineboro, Md

DATE REC'D BY LOCAL REG. June 11-55 — REGISTRAR'S SIGNATURE Mrs. M. P. Dennen

24. FUNERAL DIRECTOR — ADDRESS — H. C. Saifle & Son Glen Rock, Pa

H. C. Saifle

VS. A15A

RECEIVED
JUN 16 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05462

5457

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH: Springfield State Hospital
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Sykesville
LENGTH OF STAY (in this place) 47 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 15 Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED 20 Black Rock Rd. Hampstead
STATE Maryland COUNTY Carroll 085
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead X
STREET ADDRESS (If rural give location) 20 Black Rock Rd. /

3. NAME OF DECEASED: (Type or Print) (First) Harvey (Middle) Franklin (Last) Ensor

4. DATE OF DEATH: (Month) 6 (Day) 22 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower

8. DATE OF BIRTH: June 19-1880

9. AGE last birthday 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fermer

10B. KIND OF BUSINESS OR INDUSTRY? agriculture

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joshua Ensor

14. MOTHER'S MAIDEN NAME: Martha Ellen _ ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mr. J.S.Ensor(son) and Mrs.V.K.Leister(daughter) 20 Black Rock Rd.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0
IMMEDIATE CAUSE (A) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: several days

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Generalized arteriosclerosis — years
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-5- , 1955 , to 6-22- , 1955 , that I last saw the deceased alive on 6-21- , 1955 , and that death occurred at 12.40A M, from the causes and on the date stated above.

SIGNATURE Walther H. Sonnenfeldt. M. D. ADDRESS Springfield State Hospital DATE SIGNED 6-22-1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF June 27, 55
NAME OF CEMETERY OR CREMATORY Grave Run
LOCATION (City, town, or county) (State) Baltimore Co Md.

DATE REC'D BY LOCAL REGISTRAR June 22, 1955
REGISTRAR'S SIGNATURE C. Harry Weed
24. FUNERAL DIRECTOR E.C. Tipton
ADDRESS Hampstead

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUN 29 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05463

5458

CERTIFICATE OF DEATH

Reg. Dist. No. 26

1. PLACE OF DEATH:

COUNTY Carroll — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural-Westminster

LENGTH OF STAY (In this place) 1 day

HOSPITAL OR INSTITUTION OR STREET ADDRESS 60

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Carroll

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural--Westminster

STREET ADDRESS (If rural, give location) r.d. # 6

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
FRANK	DEWITT	FARVER	June	12	19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
male	white	married	1-6-1901	54 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or Foreign country):	12. CITIZEN OF WHAT COUNTRY?
farmer	owner	Maryland	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Rezin Farver	Catherine Haines

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	none	Mrs. Lula Farver, Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Coronary Occlusion — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: Minutes

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Gallbladder disease — Mitral —

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
0		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from June 12, 19 55, to June 12, 19 55, that I last saw the deceased alive on June 12, 19 55, and that death occurred at 8 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

James J. Marsh M.D. Westminster Md June 12-1955

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY ~~OR CREMATORY~~	LOCATION (City, town, or county) (State)
BURIAL	6-16-1955	Taylorsville	Carroll Co., Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-15-55	Hazel Miller	C. M. Waltz,	Winfield, Maryland

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUN 17 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05464

5438

CERTIFICATE OF DEATH

Reg. Dist. No. 26

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Carroll — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 27 Westminster — LENGTH OF STAY (in this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS 94 County Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middleburg
STREET ADDRESS (If rural, give location) X 1

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) J. (Last) GRIFFIN

4. DATE OF DEATH: (Month) June (Day) 15 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Mln.
male	white	single	1875	80 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer - house
10b. KIND OF BUSINESS OR INDUSTRY: farm
11. BIRTHPLACE (State or foreign country): unknown
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) unknown
16. SOCIAL SECURITY NO.: 219-12-1269
17. INFORMANT & ADDRESS: Home records Westminster, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause 422.1	(a) Pulmonary Oedema	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Cardio Vascular Disease	7 years 6 3
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. No

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
No	X	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
No	X	X		

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
X M.	X	X

22. I hereby certify that I attended the deceased from Jan 55, to June 55, that I last saw the deceased alive on June 13 19 55, and that death occurred at 6 4 m. from the causes and on the date stated above.

SIGNATURE W. C. Stone M.D. (DEGREE OR TITLE) ADDRESS 121 E. Main St Westminster DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	6/17/55	Methodist Cem.	Middleburg	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-16-55	Harriet Mullen	D. D. Hartzler & Sons	New Windsor, Md

VS. A15 8-51

RECEIVED
JUN 20 1955
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05465

5459

CERTIFICATE OF DEATH

Reg. Dist. No. 74

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Sykesville
LENGTH OF STAY (in this place) 64 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Hand View Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Carroll
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) Louise (Last) Harris

4. DATE OF DEATH: (Month) June (Day) 23 (Year) 1955

5. SEX: F.
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) single
8. DATE OF BIRTH: Mar. 12, 1891
9. AGE last birthday 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Not if retired): Store Owner
10B. KIND OF BUSINESS OR INDUSTRY: Clothing store
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Harris
14. MOTHER'S MAIDEN NAME: Irene Alberta Steele

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO. 227-09-0757
17. INFORMANT & ADDRESS: Mr J. Marion Harris - Sykesville, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4433 IMMEDIATE CAUSE (A) Cerebral Hemorrhage — 25 hrs.

ANTECEDENT CAUSE (S) DUE TO (B) arteriosclerotic cardiovascular disease

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) with Hypertension — 10 yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1945, 19..., to 23 June, 1955, that I last saw the deceased alive on 23 June, 1955, and that death occurred at 11:55 P.M., from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS Sykesville P.O., Md. DATE SIGNED 6/23/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 6-26-55
NAME OF CEMETERY OR CREMATORY Springfield
LOCATION (City, town, or county) (State) Sykesville, Md.

DATE REC'D BY LOCAL REGISTRAR June 24, 1955
REGISTRAR'S SIGNATURE C. Harry Dew
24. FUNERAL DIRECTOR Fuller H. Haight
ADDRESS Sykesville, Md.

RECEIVED
JUN 29 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05466

5460 **CERTIFICATE OF DEATH** Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Rural - Sykesville
LENGTH OF STAY (in this place) since 5/30/34
HOSPITAL OR INSTITUTION OR STREET ADDRESS 15 Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring 15-562
STREET ADDRESS (If rural give location) 913 Thayer Avenue

3. NAME OF DECEASED: (Type or Print) (First) Oscar (Middle) Alexander (Last) HERRIMAN

4. DATE OF DEATH: (Month) June (Day) 4 (Year) 1955

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widower

8. DATE OF BIRTH: Sept. 18, 1880

9. AGE last birthday 74 yrs. IF UNDER 1 YEAR, Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10B. KIND OF BUSINESS OR INDUSTRY: Carpentry

11. BIRTHPLACE (State or foreign country): St. Mary's Co., Maryland

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: Melvin H. Herriman

14. MOTHER'S MAIDEN NAME: Mary Elizabeth Lyon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) ---

16. SOCIAL SECURITY NO. unknown

17. INFORMANT & ADDRESS: Records of Springfield State Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

025X

IMMEDIATE CAUSE (A) General Paresis of insane (025) — INTERVAL BETWEEN ONSET AND DEATH: 24 years

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: --- 0

19B. MAJOR FINDINGS OF OPERATION ---

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY ---

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) ---

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY --- M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from Oct 27, 1949 to June 4, 1955, that I last saw the deceased alive on June 4, 1955, and that death occurred at 11:A M, from the causes and on the date stated above.

SIGNATURE Florian Nadolski M. D. ADDRESS Sykesville, Md DATE SIGNED June 4, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF June 7 1955 — NAME OF CEMETERY OR CREMATORY Grace Episcopal — LOCATION (City, town, or county) (State) Silver Spring Md.

DATE REC'D BY LOCAL REGISTRAR June 5, 1955 — REGISTRAR'S SIGNATURE C. Harry Zieler

24. FUNERAL DIRECTOR Warren E. Pumphrey, Inc. ADDRESS Silver Spring Md

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUN 10 1955
BUREAU V. S.

05467

MARYLAND 5461 STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH · COUNTY: Carroll — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville
LENGTH OF STAY (in this place): 2y-3m-15 d
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hop pital

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY: Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 1915 Orleans Street, Baltimore 31, Md.

3. NAME OF DECEASED (Type or Print): (First) Walter (Middle) Thomas (Last) Holtz
4. DATE OF DEATH: (Month) 6 (Day) 3 (Year) 1955

5. SEX: M
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: 8-4-1883
9. AGE last birthday: 71 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): salesman
10b. KIND OF BUSINESS OR INDUSTRY: Unk.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Holtz
14. MOTHER'S MAIDEN NAME: Rosey Walker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service):
16. SOCIAL SECURITY No.: unknown
17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422,1
Immediate cause (a) Inanition with edema due to congestion — 3 weeks

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Liver atrrhosis — years
(c) Arteriosclerotic cardiovascular disease — years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Psychosis with cerebral arteriosclerosis — years

19a. DATE OF OPERATION: 2
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-21-, 1955, to 6-3-, 1955, that I last saw the deceased alive on 6-3-1955, and that death occurred at 6-3-55 10PM from the causes and on the date stated above.
SIGNATURE (Degree or title): Edmund Lustman — ADDRESS: Springfield State Hospital — DATE SIGNED: 6-4-55

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: June 7, 1955 — NAME OF CEMETERY OR CREMATORY: New Cathedral Cemetery — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: June 4, 1955 — REGISTRAR'S SIGNATURE: C. Harry Weer
24. FUNERAL DIRECTOR — ADDRESS: Leonard J. Ruck, 5305 Harford Road #14

MARGIN RESERVED FOR BINDING

RECEIVED
JUN 7 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05468

5462 CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Sykesville
LENGTH OF STAY (in this place): 10month17days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 15 Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park (12) 15-17-2
STREET ADDRESS (If rural give location): 7316 Baltimore Avenue ✓

3. NAME OF DECEASED: (Type or Print) (First) LAWRENCE (Middle) GRANT (Last) HOOVER

4. DATE OF DEATH: (Month) June (Day) 22 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 7-6-85

9. AGE last birthday: 69 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): School Principal

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jefferson Hoover

14. MOTHER'S MAIDEN NAME: Alice Nicholson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
334X Immediate cause	(a) Bronchopneumonia	24 hrs.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Cerebral Arteriosclerosis	Years
	DUE TO (c) Arteriosclerosis, general	Years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: CBS assoc. with circulatory disturbance with cerebral arteriosclerosis with psychotic reaction. — 1 year

19a. DATE OF OPERATION: 2 — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — **INJURY OCCURED** While at Work ☐ Not While At Work ☐ — **HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from 10-8-, 1954, to 6-22, 19 55, that I last saw the deceased alive on 6-22, 1955, and that death occurred at 9:25 a.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) Walter H. Sonnenfeldt M.D. — **ADDRESS** Springfield State Hospital — **DATE SIGNED** 6-22-55

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation — **DATE THEREOF** 6/24/55 — **NAME OF CEMETERY OR CREMATORY** Loudon Park Crem. — **LOCATION** (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REGISTRAR 6-23-55 — **REGISTRAR'S SIGNATURE** A W Hedrick — **24. FUNERAL DIRECTOR** Wm. J. Pickens & Sons — **ADDRESS** Balto 17 Md.

15

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

05469

MARYLAND 5463

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH · COUNTY Carroll · MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Sykesville
LENGTH OF STAY (in this place) 23 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Md · COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Sykesville
STREET ADDRESS (If rural, give location) Obrecht Road.

3. NAME OF DECEASED (Type or Print) (First) George (Middle) Franklin (Last) Howes
4. DATE OF DEATH (Month) June (Day) 6 (Year) 19 55

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 3-20-1880
9. AGE last birthday 75 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) attendant
10b. KIND OF BUSINESS OR INDUSTRY Springfield Hospital
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Howes
14. MOTHER'S MAIDEN NAME Mary Gaither

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If year, give war or dates of service) -
16. SOCIAL SECURITY No. none
17. INFORMANT AND ADDRESS Mrs Barbara Bardonick - Sykesville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
Immediate cause (a) Coronary thrombosis - massive - Cardiac arrest — Nov 54

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) arteriosclerosis, Aortic stenosis. — June 55
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 19 54, to June, 19 55, that I last saw the deceased alive on 6 June, 19 55, and that death occurred at 7:30 P m., from the causes and on the date stated above.
SIGNATURE Howard E Hall M.D. (Degree or title) ADDRESS Sykesville, Md. DATE SIGNED 6 June 55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 6-9-55 | NAME OF CEMETERY OR CREMATORY Lorraine Park | LOCATION (City, town, or county) (State) Woodlawn, Md.

DATE REC'D BY LOCAL REG. June 7, 1955 | REGISTRAR'S SIGNATURE C. Harry Weer | 24. FUNERAL DIRECTOR Luther A. Haight ADDRESS Sykesville, Md.

MARGIN RESERVED FOR BINDING

RECEIVED
JUN 9 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05470

5464 **CERTIFICATE OF DEATH** Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Sykesville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 15 Springfield State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carr.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location) Sykesville, Md. X 1

3. NAME OF DECEASED: (Type or Print) (First) Walter (Middle) Hopkins (Last) Hunt

4. DATE OF DEATH: (Month) June (Day) 4 (Year) 1955

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed | 8. DATE OF BIRTH: 6/27/1880 | 9. AGE last birthday: 74 yrs. | IF UNDER 1 YEAR: Months 11 Days 23 | IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm.H.Hunt
14. MOTHER'S MAIDEN NAME: Sarah Pierce

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO
(If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT & ADDRESS: John H. Hunt, 318 S. Fayette St 24

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420.1

IMMEDIATE CAUSE (A) Coranary Occulsion — INTERVAL BETWEEN ONSET AND DEATH: Instantly

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Generalized arterio-sclerosis — about 10yrs

(C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 3, 1955, to June 3, 1955, that I last saw the deceased alive on June 3, 1955, and that death occurred at 6:15 M. from the causes and on the date stated above.
SIGNATURE W W Martin M D ADDRESS Sykesville DATE SIGNED June 3/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 6/8/55 | NAME OF CEMETERY OR CREMATORY Woodlawn Mem | LOCATION (City, town, or county) Baltimore (State)

DATE REC'D BY LOCAL REGISTRAR 6-55 | REGISTRAR'S SIGNATURE [illegible] | FUNERAL DIRECTOR Philip Merryman Sons | ADDRESS 2024 Eutaw St

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05471

5465

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Rural - Sykesville
LENGTH OF STAY (in this place) Since 8/22/36
HOSPITAL OR INSTITUTION OR STREET ADDRESS 15 Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3V01.4
STREET ADDRESS (If rural give location) (Baltimore City Hospital) ✓

3. NAME OF DECEASED: (Type or Print) (First) Alexander (Middle) (Last) KARPOWICZ

4. DATE OF DEATH: (Month) June (Day) 28 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Unknown
8. DATE OF BIRTH: Unknown
9. AGE last birthday 69 ? yrs. IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours — Mln. —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown
10B. KIND OF BUSINESS OR INDUSTRY: ---
11. BIRTHPLACE (State or foreign country): Unknown - Alien Registration Receipt No. 4663051
12. CITIZEN OF WHAT COUNTRY? ✓

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unk -
17. INFORMANT & ADDRESS: Patient came here from Balto.City Hospitals - No information.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 241X (A) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Bronchial asthma — 10 years

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Schizophrenia, Catatonic type.

19A. DATE OF OPERATION: --- 0
19B. MAJOR FINDINGS OF OPERATION: -----
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY ---
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) ---

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. ---
21E. INJURY OCCURRED While at work ☐ Not while at work ☐ ---
21F. HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from Sept. 10, 1948, to June 28, 1955, that I last saw the deceased alive on June 28, 1955, and that death occurred at 6:40 P.M., from the causes and on the date stated above.

SIGNATURE Martin Gross, M.D. ADDRESS Martin Gross M. D. Sykesville, Md. DATE SIGNED June 28, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal
DATE THEREOF 7-1-55
NAME OF CEMETERY OR CREMATORY University Medical School.
LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REGISTRAR July 1, 1955
REGISTRAR'S SIGNATURE C. Harry Thuer
24. FUNERAL DIRECTOR Madamm T. Hensley
ADDRESS 5782 W. Baltimore St.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

RECEIVED
JUL 5 1955
BUREAU V. S.

5466

05472
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 81

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town). OR TOWN Union Bridge
LENGTH OF STAY (in this place) 6 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Union Bridge
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) BYRON (Middle) LEE (Last) LOWMAN

4. DATE OF DEATH (Month) June (Day) 21 (Year) 19 55

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S

8. DATE OF BIRTH: Nov 2 - 1951

9. AGE last birthday: 3 yrs. IF UNDER 1 YEAR: Months 7 Days — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: J Kenneth Lowman

14. MOTHER'S MAIDEN NAME: Frances Metcalfe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: J Kenneth Lowman - Union Bridge Rural - Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Fracture of Skull - Dislocation of Cervical Vertebra — INTERVAL BETWEEN ONSET AND DEATH Minutes

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Home - Farm

21c. (City or town) Union Bridge (County) Carroll (State) Md

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 6 21 55 10 A.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Struck by truck.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James J. Marsh M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 6/22/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF June 23-1955

NAME OF CEMETERY OR CREMATORY Lutheran

LOCATION (City, town, or county) Uniontown (State) Md

DATE REC'D BY LOCAL REG. June 24, 1955

REGISTRAR'S SIGNATURE Leslie L Klopp

24. FUNERAL DIRECTOR D D Hartzler & Sons ADDRESS Union Bridge

RECEIVED
JUN 23 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05473

5467 **CERTIFICATE OF DEATH** Reg. Dist. No. 22-83

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) rural--Mt. Airy
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) rural-- Mt. Airy
STREET ADDRESS (If rural give location) Harrisville

3. NAME OF DECEASED: (First) LEONARD (Middle) C. (Last) LOWMAN
4. DATE OF DEATH: (Month) June (Day) 13, (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married	9-6-1882	72 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Field Man	Mt.Airy, Canning Co	Maryland	U.S.

13. FATHER'S NAME: Dennis Lowman
14. MOTHER'S MAIDEN NAME: Amelia C. Fogle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
no		216-09-9029A	Mrs. Goldie Lowman, Mt.Airy, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: About 40 minutes

DUE TO

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Coronary Arteriosclerosis — several years

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.	21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from February 1955, to June, 1955, that I last saw the deceased alive on June 13, 1955, and that death occurred at 7.25 P.M., from the causes and on the date stated above.

SIGNATURE W.B. Culwell M. D. ADDRESS mt. airy, md DATE SIGNED June 14, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY ~~OR CREMATORY~~	LOCATION (City, town, or county) (State)
BURIAL	6-17-1955	Linganore	Unionville, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 17-1955	Robert P. Hewitt.	C.M. Waltz,	Winfield, Maryland

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 20 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5468 CERTIFICATE OF DEATH

Reg. Dist. No. 74 — 15474

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Henryton
LENGTH OF STAY (in this place): 362
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 03 Henryton State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Halethorpe 03512
STREET ADDRESS (If rural give location): 1900 N. East Avenue ✓

3. NAME OF DECEASED: (First) Edward (Middle) (Last) McDaniel
4. DATE OF DEATH: (Month) 6 (Day) 22 (Year) 1955
5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 2-16-1900
9. AGE last birthday: 55 yrs. — IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION..Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington, Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME: Peter McDaniel
14. MOTHER'S MAIDEN NAME: Caroline Reed
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) 3
16. SOCIAL SECURITY No.: 217-10-0704
17. INFORMANT & ADDRESS: Edward McDaniel--1900 N. East Avenue

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

002X

Immediate cause — (a) Far advanced bilateral cavitary pulmonary TB.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — DUE TO (b) Cardiac insufficiency

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-25, 1954, to 6-22-, 1955, that I last saw the deceased alive on 6-22- 1955, and that death occurred at 11:30p.m., from the causes and on the date stated above.

SIGNATURE: T. F. Wolfe (Degree or title) M.D. — ADDRESS: Henryton, Maryland — DATE SIGNED: 6-22-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 6-27-55 — NAME OF CEMETERY OR CREMATORY: Fairview Cemetery — LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR — REGISTRAR'S SIGNATURE: Albert R. Shankland

24. FUNERAL DIRECTOR — ADDRESS: M. R. Etchison & Son, 106 E. Church St. Frederick, Md.

RECEIVED
JUN 27 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05475

5469

CERTIFICATE OF DEATH

Reg. Dist. No. 74

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Sykesville
LENGTH OF STAY (in this place) 2 y 7 m 10 days
15 HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Unionville 10x-2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Irene (Middle) -- (Last) Mc Neill

4. DATE OF DEATH: (Month) 6 (Day) 18 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): single

8. DATE OF BIRTH: 5-10-94

9. AGE last birthday 61 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mln.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mgr. of Appt. House

10B. KIND OF BUSINESS OR INDUSTRY: Renting

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Mc Neill

14. MOTHER'S MAIDEN NAME: Amanda Arbuckle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 577-03-1477 P unknown

17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

260 X IMMEDIATE CAUSE (A) Bronchopneumonia — 2 months

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arteriosclerotic heart disease with gener. arteriosclerosis — years

DUE TO (C) Diabetes — years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Chronic Brain Syndrome ass. with cerebr. arterioscl. & circul. disturbance — 2 years

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-19 , 1955, to 6-18- , 1955, that I last saw the deceased alive on 6-18- , 1955, and that death occurred at 11.30 AM from the causes and on the date stated above.

SIGNATURE Edmund Lusthaus M. D. — ADDRESS Springfield State Hospital — DATE SIGNED 6-18-55

Edmund Lusthaus

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF June 21, 1955 — NAME OF CEMETERY OR CREMATORY Olivet Cemetery — LOCATION (City, town, or county) (State) Moorefield, W. Va.

DATE REC'D BY LOCAL REGISTRAR June 19, 1955 — REGISTRAR'S SIGNATURE C. Harry Wise

24. FUNERAL DIRECTOR — ADDRESS Olin L. Molesworth, Damascus, Md.

RECEIVED
JUN 21 1955
BUREAU V. S.

MARYLAND 5470

05476

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. ~~33~~ 76

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Finksburg
LENGTH OF STAY (In this place) 3 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hales Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown 03X.2
STREET ADDRESS (If rural, give location) Cherry Hill Road

3. NAME OF DECEASED (Type or Print) (First) Edward (Middle) James (Last) Merrick

4. DATE OF DEATH (Month) (Day) (Year) June 15, 1955

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH April 13, 1896

9. AGE last birthday 59 yrs. If under 1 year Months. Days. If under 24 hrs. Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Employed in laundry

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Baltimore City

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Robert Merrick

14. MOTHER'S MAIDEN NAME Susie Slinning

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) W.W.I

16. SOCIAL SECURITY NO. 218-09-3836

17. INFORMANT AND ADDRESS Mary Merrick, Reisterstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X Immediate cause (a) Cerebral & general arteriosclerosis advanced — Interval between onset and death 2 yrs

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Nephritis, interstitial — 2 yrs

(c) Myocarditis - decompensated — 1 yr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-1-40, 19..., to 6-15-55, 19..., that I last saw the deceased alive on 6-12-55, 19..., and that death occurred at 5:45 m. from the causes and on the date stated above.

SIGNATURE (Degree or title) James D. Suffell M.D. ADDRESS Reisterstown Md. DATE SIGNED 6-17-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE June 18, 1955 — NAME OF CEMETERY OR CREMATORY Druid Ridge — LOCATION (City, town, or county) (State) Pikesville, Md.

DATE REC'D BY LOCAL REG. 6-18-55 — REGISTRAR'S SIGNATURE Mary B. Eline. Harriet Millers

24. FUNERAL DIRECTOR ADDRESS J.F. Eline & Sons, Reisterstown, Md.

RECEIVED
JUN 23 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05477

5471

CERTIFICATE OF DEATH

Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Rural, Westminster
LENGTH OF STAY (in this place) 4 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Meadow View Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster, Md 21
STREET ADDRESS (If rural give location) Willis St.

3. NAME OF DECEASED: (First) GRACE (Middle) ETTA (Last) MILLER

4. DATE OF DEATH: (Month) June (Day) 4 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: June 7, 1874

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION..Give kind of work done during most of working life, even if retired): Home wife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Westminster Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joshua W. Herring

14. MOTHER'S MAIDEN NAME: Margaret Henrietta Trumbo

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Mrs. F. Donald Stewart, Westminster Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0

Immediate cause (a) Generalized Arteriosclerosis — Interval Between Onset And Death: years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 12, 1955, to June 4, 1955, that I last saw the deceased alive on June 2, 1955, and that death occurred at 7.30 A.M., from the causes and on the date stated above.

SIGNATURE James I Marsh (Degree or title) M.D. ADDRESS Westminster DATE SIGNED Jun 4/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF June 6. 55 — NAME OF CEMETERY OR CREMATORY Westminster Cemetery — LOCATION (City, town, or county) Westminster (State) Md.

DATE REC'D BY LOCAL REGISTRAR — REGISTRAR'S SIGNATURE Harriet Miller

24. FUNERAL DIRECTOR J. E. Myers Jr. — ADDRESS Westminster Md

RECEIVED
JUN 7 1955
BUREAU V. S.

05478

MARYLAND 5472

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Rural-Sykesville
LENGTH OF STAY (in this place): 2 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 00

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Manchester X
STREET ADDRESS (If rural, give location): 1

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) CORELL (Last) MILLER

4. DATE OF DEATH: (Month) June (Day) 9 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 6-4-1868

9. AGE last birthday: 87 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer retired

10b. KIND OF BUSINESS OR INDUSTRY: own farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John D. Miller

14. MOTHER'S MAIDEN NAME: Mary C. Feiser

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mrs. Mary Shipley, Sykesville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardiac failure, Arteriosclerosis, dry gangrene,	April 55
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) nephrosclerosis, edema,	June 55
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2 May, 1955, to 9 June, 1955, that I last saw the deceased alive on 9 June, 1955, and that death occurred at 8:30 a m., from the causes and on the date stated above.

SIGNATURE: Howard E Hall (Degree or title: M.D.) — ADDRESS: Sykesville, Md — DATE SIGNED: 9 June 55

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE: 6-11-1955 — NAME OF CEMETERY OR CREMATORY: Mt. Hope — LOCATION (City, town, or county) (State): Woodsboro, Md.

DATE REC'D BY LOCAL REG.: June 10, 1955 — REGISTRAR'S SIGNATURE: C. Harry Eckard

24. FUNERAL DIRECTOR — ADDRESS: C.M. Waltz, Winfield, Maryland

RECEIVED
JUN 14 1955
BUREAU V. S.

05479

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5473

CERTIFICATE OF DEATH

Reg. Dist. No. 74

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Rural - Sykesville
LENGTH OF STAY (in this place) 3 yrs. 24 days
15 HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3V01.4
STREET ADDRESS (If rural give location) 411 E. North Avenue, Baltimore

3. NAME OF DECEASED: (Type or Print) (First) THOMAS (Middle) HENRY (Last) MULLIKIN

4. DATE OF DEATH: (Month) 6 (Day) 10 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed
8. DATE OF BIRTH: 12/11/70
9. AGE last birthday 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist
10B. KIND OF BUSINESS OR INDUSTRY: Water Dept. (City)
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jasper Robert H. Mullikin
14. MOTHER'S MAIDEN NAME: Isabelle Yealdhall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 9
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: Record, Springfield State Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
260X IMMEDIATE CAUSE	(A) Bronchopneumonia	2 days
ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO Diabetic gangrene of buttocks	months
	(C) DUE TO Diabetes Mellitus	unkno wn

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Chronic brain syndrome associated with senile brain disease, with psychotic reaction 2 years

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/4, 1955 to 6/10, 1955 that I last saw the deceased alive on 6/10, 1955, and that death occurred at 9:47 AM, from the causes and on the date stated above.

SIGNATURE Edmund Lusthaus M. D. ADDRESS Sykesville, Maryland DATE SIGNED 6/10/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 6/13/55
NAME OF CEMETERY OR CREMATORY Loudon Park
LOCATION (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REGISTRAR June 11 1955
REGISTRAR'S SIGNATURE RW
24. FUNERAL DIRECTOR Wm. J. Tickner & Sons
ADDRESS Balto Md

MARYLAND 5474

05480
STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 82-83

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural--Woodbine
LENGTH OF STAY (in this place): 35 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 00

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural--Woodbine
STREET ADDRESS (If rural, give location): Hoods Mill Rd.

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) E (Last) Pickett

4. DATE OF DEATH: (Month) June (Day) 8 (Year) 1955

5. SEX: M.

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 11 March XX82

9. AGE last birthday: 73 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Attendant

10b. KIND OF BUSINESS OR INDUSTRY: Springfield State Hosp.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles Pickett

14. MOTHER'S MAIDEN NAME: Anna E. Duvall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Grace M.Pickett, Woodbine,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac Arrest. Cerebral hemorrhage. — Interval between onset and death: 2 Months

420.1 Antecedent cause(s) (b) Coronary insufficiency. Arteriosclerosis. Hypertension. Obesity.

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: —

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7 June, 19 55, to 8 June, 19 55, that I last saw the deceased alive on 7 June, 19 55, and that death occurred at 6:30 A m., from the causes and on the date stated above.

SIGNATURE: Howard E Hall (Degree or title) MD ADDRESS: Sykesville, Md DATE SIGNED: 8 June 55

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL
DATE: 6-11-1955
NAME OF CEMETERY OR CREMATORY: Morgan Chapel
LOCATION (City, town, or county) (State): Carroll Co., Maryland

DATE REC'D BY LOCAL REG.: June 10, 1955
REGISTRAR'S SIGNATURE: Robert R. Hewitt

24. FUNERAL DIRECTOR ADDRESS: C. M. Waltz, Winfield, Maryland

RECEIVED
JUN 13 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05481

5475

CERTIFICATE OF DEATH

Reg. Dist. No. 77

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead
LENGTH OF STAY (in this place) 43 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 106 N. Main St

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead, Md
STREET ADDRESS (If rural give location) 106 N. Main St

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) Elizabeth (Last) Resh

4. DATE OF DEATH: (Month) June (Day) 20 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.	
					Months	Days	Hours	Min.
Female	White	Widow	June 2, 1874	81 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Maryland	U.S.A.

13. FATHER'S NAME: George Hoffman

14. MOTHER'S MAIDEN NAME: Lydia Luckabaugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	—	Dr George D. Resh Hampstead Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
442X Immediate cause	(a) Chronic Myocarditis.	?
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Arteriosclerotic Cardio Renal Vascular Disease	?
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—	—	—	—

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
— m.	—	—

22. I hereby certify that I attended the deceased from July 18, 1951, to June 20, 1955, that I last saw the deceased alive on June 20, 1955, and that death occurred at 9:50 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Geo E Resh	Md	Hampstead Md	June 20, 1955

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6-23-55	Emanuel	Carroll Co Md

DATE REC'D BY LOCAL REGISTRAR: 6/21/55 — REGISTRAR'S SIGNATURE: Henry Klees

24. FUNERAL DIRECTOR — ADDRESS: Edw Stipton, Hampstead Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 1 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (05482)

5439 # CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH:
COUNTY: Carroll — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Westminster
LENGTH OF STAY (In this place): 6 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Rural

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Westminster
STREET ADDRESS (If rural give location): Rural

3. NAME OF DECEASED: (First) WILLIAM (Middle) H. (Last) ROBERTSON
4. DATE OF DEATH: (Month) June (Day) 6 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
male	white	widower	12/3/1873	81 yrs.		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
farmer retired	farmer	Maryland	U. S.

13. FATHER'S NAME: Samuel Robertson
14. MOTHER'S MAIDEN NAME: Miranda Barnes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT & ADDRESS
no no	none	S. J. Robertson, Westminster, Md

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
442X Immediate cause	(a) Cardio-renal-vascular disease	3 years
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) senility DUE TO	10 years
	(c) DUE TO	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	none	

19a. DATE OF OPERATION: none — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1, 1946, to 6-6, 1955, that I last saw the deceased alive on 6-4, 1955, and that death occurred at 3 A.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. Billingslea	M.D.	Westminster, Md.	6-5-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	6/8/55	Methodist Cem.	Emmitsburg	Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-6-55	Harold Miller	D. D. Hartzler & Sons	New Windsor, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 7 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05483

5476

CERTIFICATE OF DEATH

Reg. Dist. No. 74

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville
LENGTH OF STAY (in this place): 1yr.8mo.3days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore (31)
STREET ADDRESS (If rural give location): 2229 Orleans Street

3. NAME OF DECEASED: (Type or Print) (First) MARIE (Middle) CRONIN (Last) ROTH

4. DATE OF DEATH: (Month) JUNE (Day) 21 (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: 10-28-80

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Saleslady

10b. KIND OF BUSINESS OR INDUSTRY: Unk-

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Patrick Cronin

14. MOTHER'S MAIDEN NAME: Catherine Downey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unk-

17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis — Interval Between Onset And Death: 2 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arteriosclerosis — Years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: CBS assoc. with circulatory disturbance, with cere. arteriosclerosis, psychotic reaction. — 4 years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-13, 1955, to 6-21, 1955, that I last saw the deceased alive on 6-21, 1955, and that death occurred at 10:15 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Walter H. Sonnenfeld M.D. ADDRESS: Springfield State Hospital DATE SIGNED: 6-21-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 6-22-55

NAME OF CEMETERY OR CREMATORY: Springfield

LOCATION (City, town, or county) (State): Sykesville, Md.

DATE REC'D BY LOCAL REGISTRAR: June 22, 1955

REGISTRAR'S SIGNATURE: C. Harry Tawes

24. FUNERAL DIRECTOR. ADDRESS: Luther N. Hayfet Sykesville, Md.

RECEIVED
JUN 23 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05484

5477

CERTIFICATE OF DEATH

Reg. Dist. No. 7H

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Sykesville
LENGTH OF STAY (in this place) 16 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 15 Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hancock
STREET ADDRESS (If rural give location) 21X-2

3. NAME OF DECEASED: (Type or Print) (First) Harriet (Middle) Ann (Last) Shives

4. DATE OF DEATH: (Month) June (Day) 8 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: August 27, 1872

9. AGE last birthday 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10B. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John T. Creek

14. MOTHER'S MAIDEN NAME: Henrietta J. Matthews

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 4 No

16. SOCIAL SECURITY NO. --Unk.-

17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) Coronary artery disease — INTERVAL BETWEEN ONSET AND DEATH: Yrs

ANTECEDENT CAUSE (S) DUE TO (B) Generalized cerebral arteriosclerosis — 16 years and longer

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Psychosis with arteriosclerosis — 16 years and longer

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-8 ....., 1938, to 6-8 ....., 1955 that I last saw the deceased alive on 6-7 ....., 1955., and that death occurred at 9:20 AM, from the causes and on the date stated above.

SIGNATURE Gertrud Sonnenfeld M.D. ADDRESS Springfield State Hospital Sykesville Md. DATE SIGNED 6-8-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 6-11-55 — NAME OF CEMETERY OR CREMATORY Piney Plains memorial Park — LOCATION (City, town, or county) (State) Little Orleans Allegany Md

DATE REC'D BY LOCAL REGISTRAR June 9, 1955 — REGISTRAR'S SIGNATURE C. Harry Weis

24. FUNERAL DIRECTOR Howard J. Grove — ADDRESS Hancock Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

RECEIVED
JUN 14 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05485

5478

CERTIFICATE OF DEATH

Reg. Dist. No. 70

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Rural, Nr. Westminster
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 Union Mills Westminster, Md. R. D. 1

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Nr. Westminster X
STREET ADDRESS (If rural give location) 1 Union Mills, Westminster, Md. R.D.1

3. NAME OF DECEASED: (Type or Print) (First) Marie (Middle) Elizabeth (Last) Shorb

4. DATE OF DEATH: (Month) June (Day) 17 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 2/12/1896

9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife, Housework

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Carroll Co., Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Orestus Feeser

14. MOTHER'S MAIDEN NAME: Isadore Kump

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service) N

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: ~~Harvey J. Shorb~~ Harvey J. Shorb Westminster, Md. R. D. 1

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163 X

Immediate cause (a) Carcinoma of Lung — Interval Between Onset And Death: 9 months

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 19, 1955, to June 17, 1955, that I last saw the deceased alive on June 16, 1955, and that death occurred at 3:50 P, from the causes and on the date stated above.

SIGNATURE (Degree or title) L. L. Potter M.D. ADDRESS Littlestown, Pa DATE SIGNED June 18, 1955

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 6/20/55 | NAME OF CEMETERY OR CREMATORY St. Marys Cemetery | LOCATION (City, town, or county) (State) Silver Run, Carroll Co. Md.

DATE REC'D BY LOCAL REGISTRAR 6-18-55 | REGISTRAR'S SIGNATURE Harriet Miller

24. FUNERAL DIRECTOR J. M. Little & Son Per R. A. Little | ADDRESS Littlestown, Pa.

VS. A15

RECEIVED
JUN 21 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

5440

05486

CERTIFICATE OF DEATH

Reg. Dist. No. 76

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: CARROLL
City or town: WESTMINSTER (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? ONE YEAR
Hospital, Institution, or street address where death occurred: NONE
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State: MARYLAND County: CARROLL
City or town: WESTMINSTER (If outside city or town limits, write RURAL and give nearest town)
Street No. 34 LIBERTY (If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME LEE THOMAS SMITH

3.(b) Social Security Number 219-14-7889

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
MALE	WHITE	WIDOWER

B.(b) Name of husband or wife: ZELMA SMITH

7. Birth date of deceased (mo., day, yr.): 3/15/1882 B.(c) If alive, give age ..... years

8. AGE: Years 73 | Months 2 | Days 29 | If less than one day ..... hrs. ..... min.

9. Birthplace: Frederick Co. Maryland (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: Farming - General.

FATHER
12. Name: Bradley
13. Birthplace: Frederick Co. Md

MOTHER
14. Maiden name: Mary Bostian
15. Birthplace: Frederick Co. Md

16. Informant: Lester Meyers
Address: 34 Liberty St. Westminster, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6-16-1955 (month) (day) (year)
Cemetery or mausoleum: EBENEZER
Location: Carroll Co. Maryland

18. Funeral director: C. M. Walsh
Address: Winfield. Maryland

19. 6-15 1955 (Date rec'd by registrar) Herbert Hunter Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 6/13 1955 at 12.05 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6/13 1955 to 6/13 1955 and that I last saw h... alive on 6/12 1955

Immediate cause of death	DURATION
Acute Cerebral Hemorrhage	6 hrs.
Due to: Senile Cerebro-Sclerosis	10 yrs
Due to:	
Other conditions: 331X	

(Include pregnancy within 3 months of death)

Major findings of operations: None

Date of op. None

Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: P. Luther Bare, M.D. M. D. or other
Address: Westminster, Md. Date signed 6/13/55

RECEIVED
JUN 17 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05487

5479

Item 9, FilmG182 6-8-55 et

CERTIFICATE OF DEATH

Reg. Dist. No. 74

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

1. PLACE OF DEATH: COUNTY Carroll; MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Sykesville; LENGTH OF STAY (in this place) 4 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 14 Spring Field State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Balto; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3 Vol-4; STREET ADDRESS (If rural, give location) 522 N Ellwood Ave

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Blanche (Last) Donnebeck

4. DATE OF DEATH: (Month) June (Day) 3 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widow

8. DATE OF BIRTH: Aug 16 1868

9. AGE last birthday 86 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Telephone Operator

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph Kuhn

14. MOTHER'S MAIDEN NAME: Lily Scholl

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S ADDRESS: Mrs Hattie Steely

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 2 da

ANTECEDENT CAUSE (S) DUE TO (B) Gen Arterio Sclerosis — 15 yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 24, 1955, to June 3, 1955 that I last saw the deceased alive on June 3, 1955, and that death occurred at 4:20 M, from the causes and on the date stated above.

SIGNATURE W M Martin M D — ADDRESS Sykesville Md — DATE SIGNED June 3-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 6-6-55 — NAME OF CEMETERY OR CREMATORY Druid Ridge — LOCATION (City, town, or county) (State) Balto. County

DATE REC'D BY LOCAL REGISTRAR June 6, 1955 — REGISTRAR'S SIGNATURE Harry Weer — FUNERAL DIRECTOR Fred A. Cole — ADDRESS 1913 W. Balto. St

RECEIVED
JUN 6 1955
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05488

Item 5480 Film 183 7-5-55 et

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: Springfield State Hospital.
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Sykesville
LENGTH OF STAY (in this place) 5 years 10 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital 15

2. USUAL RESIDENCE (HOME) OF DECEASED: Gateway Inn
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 21-03-2
STREET ADDRESS (If rural give location) Gateway Inn

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) Jackson (Last) Stocksdale

4. DATE OF DEATH: (Month) June (Day) 26 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 2-22-70

9. AGE last birthday 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Never do retired): Farmer and raiiroader

10B. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John H.Stocksdale

14. MOTHER'S MAIDEN NAME: Julia Ann William

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: Mrs.Vallie Marlowe (daughter) 223Frederick st.Hagerstown Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 420.0 — (A) Acute coronary occlusion — DUE TO — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) Arteriosclerosis Heart disease — DUE TO — years

(C) Generalized Arteriosclerosis, — years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Senile psychosis — 6 years +

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) Hospital

21C. WHERE DID INJURY OCCUR? (City or town) Sykesville (County) (State) Md.

21D. TIME OF INJURY (Month) May (Day) 15 (Year) 1955 (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [X]

21F. HOW DID INJURY OCCUR? Patient fell down while in the commode chair

22. I hereby certify that I attended the deceased from 5-25- , 19 49 to 6-26 , 19 55 that I last saw the deceased alive on 6-26 , 1955 , and that death occurred at 2.35 P M, from the causes and on the date stated above.

SIGNATURE Walther H. Bonnenfelds — ADDRESS M. D. Springfield Satete Hospital — DATE SIGNED 6-26-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 6/29/55 — NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery — LOCATION (City, town, or county) (State) Williamsport, Maryland

DATE REC'D BY LOCAL REGISTRAR June 22/1955 — REGISTRAR'S SIGNATURE C. Harry Eker

24. FUNERAL DIRECTOR Albert L. Leaf — ADDRESS Williamsport, M

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUN 30 1955
BUREAU V. L.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05484

5481 CERTIFICATE OF DEATH Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) X Henryton
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 03 Henryton State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 3Y01-4
STREET ADDRESS (If rural give location) 522 N. Fremont Avenue ✓

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Edward (Last) Thomas
4. DATE OF DEATH: (Month) 6 (Day) 26 (Year) 1955
5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 8-25-1897
9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Recreation Center
11. BIRTHPLACE (State or foreign country): Rock Hill, N. C.
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME: Charles Thomas
14. MOTHER'S MAIDEN NAME: Sallie Keene
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 3 No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 217-05-3104
17. INFORMANT & ADDRESS: Lillian Thomas, 522 N. Fremont Avenue, Balto.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause 422.2 (a) Cardiac insufficiency

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Pulmonary edema

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-22, 1955, to 6-26, 1955 that I last saw the deceased alive on 6-26, 1955, and that death occurred at 10:03 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
X T. F. Leopal M.D Henryton, Maryland 6-26-55

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 6-29-55 NAME OF CEMETERY OR CREMATORY Mt Calvary LOCATION (City, town, or county) (State) Brooklyn Md

DATE REC'D BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE Albert R. Swanhart
24. FUNERAL DIRECTOR C. O. Wilson ADDRESS Balto. Md 1000 Baseth. ave.

VS. A15

RECEIVED
JUN 28 1955
BUREAU V. S.

MARYLAND 5482

05490

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY CARROLL — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN GAMBER
LENGTH OF STAY (In this place) 3 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD COUNTY CARROLL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN GAMBER
STREET ADDRESS (If rural, give location) R.F.D - #1

3. NAME OF DECEASED (Type or Print): (First) MILDRED (Middle) MARY (Last) VonLINDENBERG
4. DATE OF DEATH: (Month) 6 (Day) 13 (Year) 1955
5. SEX: F
6. COLOR OR RACE: WHT
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: 5/24/1905
9. AGE last birthday: 50 yrs. If under 1 year: Months. If under 24 hrs.: Days, Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): BALTO
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: NORMAN ZEIGLER
14. MOTHER'S MAIDEN NAME: NOT KNOWN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: EDWIN VonLINDENBERG GAMBER MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

174X **Immediate cause** (a) Carcinoma of uterus — Interval Between Onset and Death: 1yr

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) metastasis to

(c) cachexia

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1-54, 19..., to 6-13-55, 19..., that I last saw the deceased alive on 6-13-55, 19..., and that death occurred at 845P m., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
James L. Saffell M.D. Reisterstown Md 6.13.55

23. BURIAL, CREMATION OR REMOVAL (Specify): BURIAL
DATE: 6-16-55
NAME OF CEMETERY OR CREMATORY: PROVIDENCE CEMETERY
LOCATION (City, town, or county) (State): GAMBER MD
DATE REC'D BY LOCAL REG. 6-15-55
REGISTRAR'S SIGNATURE: A.W. Pedal Dpm
24. FUNERAL DIRECTOR: GEO. H. LEIMBACH
ADDRESS: 525 N. LYNDHURST ST

MARGIN RESERVED FOR BINDING

Item 21f Film G183 7-12-55 ams

MARYLAND STATE DEPARTMENT OF HEALTH

06094

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

5483

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN East Westminster — LENGTH OF STAY (In this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 140

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Windsor
STREET ADDRESS (If rural, give location) Stringdale Road

3. NAME OF DECEASED (Type or Print): (First) WALTER (Middle) (Last) WARFIELD

4. DATE OF DEATH: (Month) June (Day) 10 (Year) 19[illegible]

5. SEX: M

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 6 1891

9. AGE last birthday: 64 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sand Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Warfield

14. MOTHER'S MAIDEN NAME: Elizabeth Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Henrietta Warfield New Windsor Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

8/12 X Immediate cause (a) Comp. Comminuted Frac. Skull. — Minute

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Route 140. — (CITY OR TOWN) Westminster — (COUNTY) Carroll — (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — 1

HOW DID INJURY OCCUR? Struck by automobile - Pedestrian

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

James T. Shaum Deputy Med. Examiner Westminster Md 6/11/55

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: June 13, 1955 — NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery — LOCATION (City, town, or county) (State): New Windsor rural Md.

DATE REC'D BY LOCAL REG.: 6-12-55 — REGISTRAR'S SIGNATURE: Hamst Muller

24. FUNERAL DIRECTOR: H. Bankard & Son — ADDRESS: Westminster, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 14 1955
BUREAU V. S.